

MISSOURI DEPARTMENT OF
HEALTH AND SENIOR SERVICES

FAMILY CARE SAFETY REGISTRY
ANNUAL REPORT
FISCAL YEAR 2016



FAMILY CARE SAFETY REGISTRY

Annual Report – FY 2016

Table of Contents

Introduction	1
FCSR Operations.....	2
Toll-Free Call Center.....	5
Legislative and Operational Enhancements	6
Challenges and Recommendations.....	7



INTRODUCTION

Families are faced with difficult decisions when hiring someone to help care for a child, elderly or disabled person, whether it is locating a child care provider or finding a caregiver to provide services in their private home. The caregiver often has unsupervised access to these most vulnerable family members. The family may have limited time to form an opinion about the suitability of a caregiver and may have little or no opportunity to make inquiries into their background. Several state agencies collect information that can assist the family with making a decision. However, it can take anywhere from several days to several weeks to request and receive background screening information from separate agencies. Likewise, many employers of caregivers are required to obtain background screening information for licensure, regulatory or contracting purposes. Employers, such as child care centers and nursing homes, often have difficulty recruiting and maintaining skilled staff, and the delays they experience in obtaining background screening results affect their ability to assess the suitability of job applicants and to hire and retain staff. In response to these needs, the Family Care Safety Registry (FCSR) was created.

The Missouri Department of Health and Senior Services, in coordination with the Departments of Social Services, Public Safety, Mental Health and Corrections, established the FCSR on January 1, 2001 in accordance with the Family Care Safety Act (*§210.900 et seq.*, RSMo). The FCSR serves as a central resource for background screening information maintained by the Missouri State Highway Patrol (MSHP), Department of Social Services (DSS), Department of Mental Health (DMH) and the Department of Health and Senior Services (DHSS). Those wishing to hire a caregiver may contact the FCSR via a toll-free call center (866-422-6872) or the Internet (<http://health.mo.gov//safety/fcsr/>) to obtain background information. Background information reported by the FCSR includes name-based (open) criminal records, the Missouri sex offender registry, substantiated reports of child abuse and neglect, the DHSS Employee Disqualification List, the DMH Employee Disqualification Registry, and child care license and foster parent license denials, revocations and suspensions.

The FCSR became operational January 1, 2001, and utilizes a computerized interface to streamline the process of obtaining background information from various state agencies. The FCSR maintains a toll-free call center, allowing callers to receive immediate responses to background screening inquiries, as often as needed, at no cost. The call center is available Monday through Friday, 8:00 a.m. to 3:00 p.m.



FCSR OPERATIONS

The FCSR maintains a database of caregivers who are required by law to register within fifteen days of hire. The caregiver's demographic information, including name, address, social security number and date of birth, is entered into the Internet-based FCSR Background Screening and Employment Eligibility System (FCSR-BSEES). As part of the registration process, a background screening is conducted using an electronic interface to search criminal history, the sex offender registry, the child abuse/neglect registry, the DHSS Employee Disqualification List, the DMH Employee Disqualification Registry, and child care and foster parent licensure information. The result of the background screening reflects real-time information from these electronic files. A registration notification letter provides the caregiver with initial background screening results.

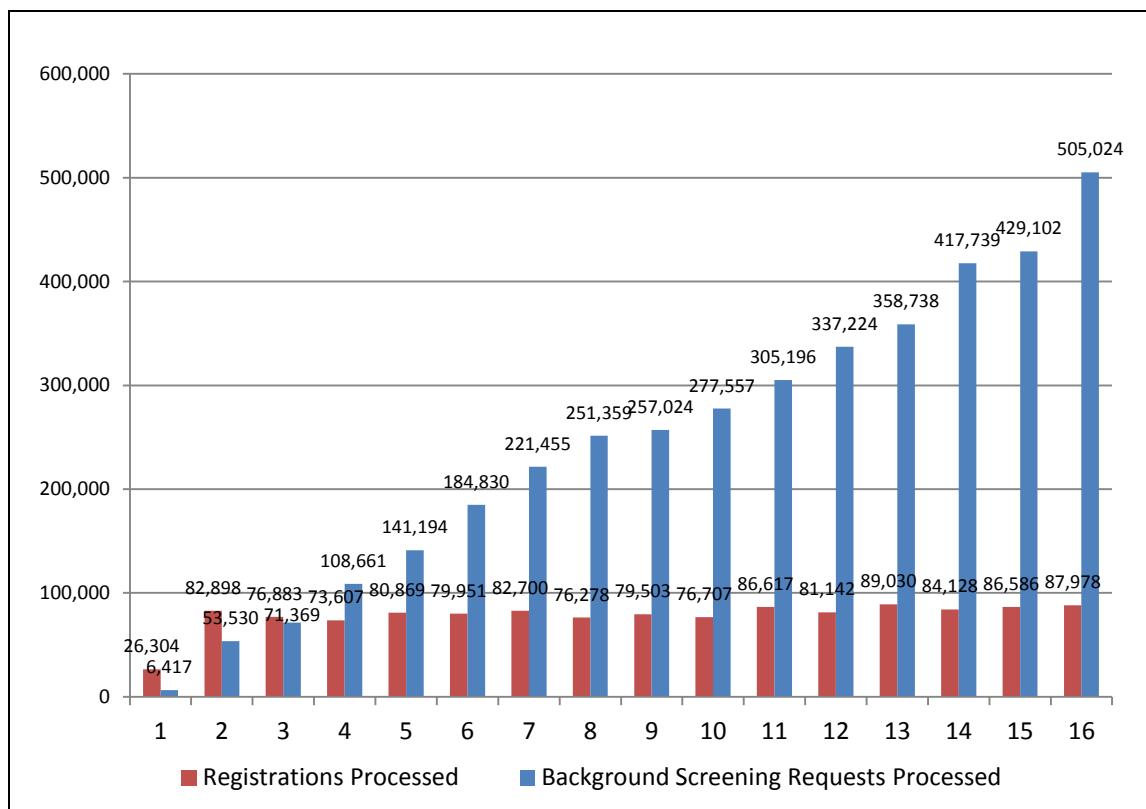
After registration is complete, employers (including individuals wishing to hire a caregiver for a family member) may contact the FCSR via the toll-free call center, the Internet, facsimile or mail, to obtain a background screening on registered caregivers, at no cost to the requester. A current background screening is obtained using the computerized interface each time a request is received. This means if information is added or deleted from the electronic files by an interfaced agency (DHSS, DMH, DSS, MSHP), the addition or deletion will be reflected in the result reported. Both the requester and the caregiver receive written notification of the background screening results provided. The caregiver's notification letter includes the name and address of the inquiring employer.

The FCSR is a request-driven system, meaning that information is provided to employers only when they contact the FCSR. The FCSR is not authorized to initiate contact with employers or regulatory agencies to alert them of a change in the background of an individual, or to enforce registration requirements.

From January 1, 2001 to June 30, 2016, the FCSR has processed 1,244,315 caregiver registrations and has conducted 3,923,138 background screenings. From FY 2014 to FY 2016, the FCSR experienced a 20.89% increase in the number of background screenings conducted. In FY 2016, the FCSR processed 227,467 more background screenings than in FY 2010, an increase of nearly 82% in just the last six years.

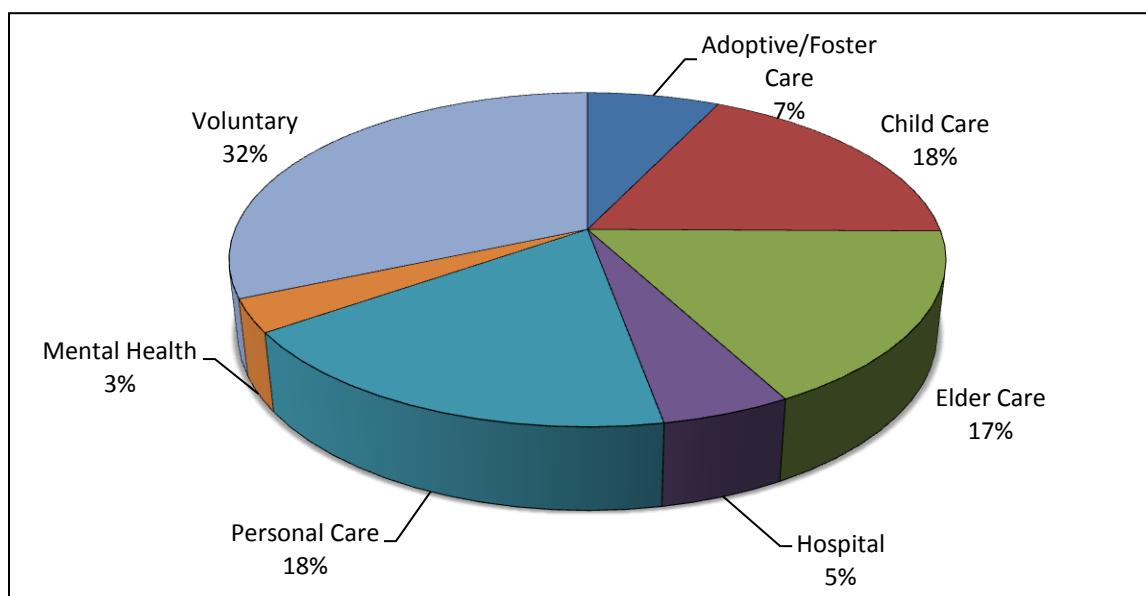
FCSR Activity – Registrations and Background Screenings

FY 2001 – FY 2016

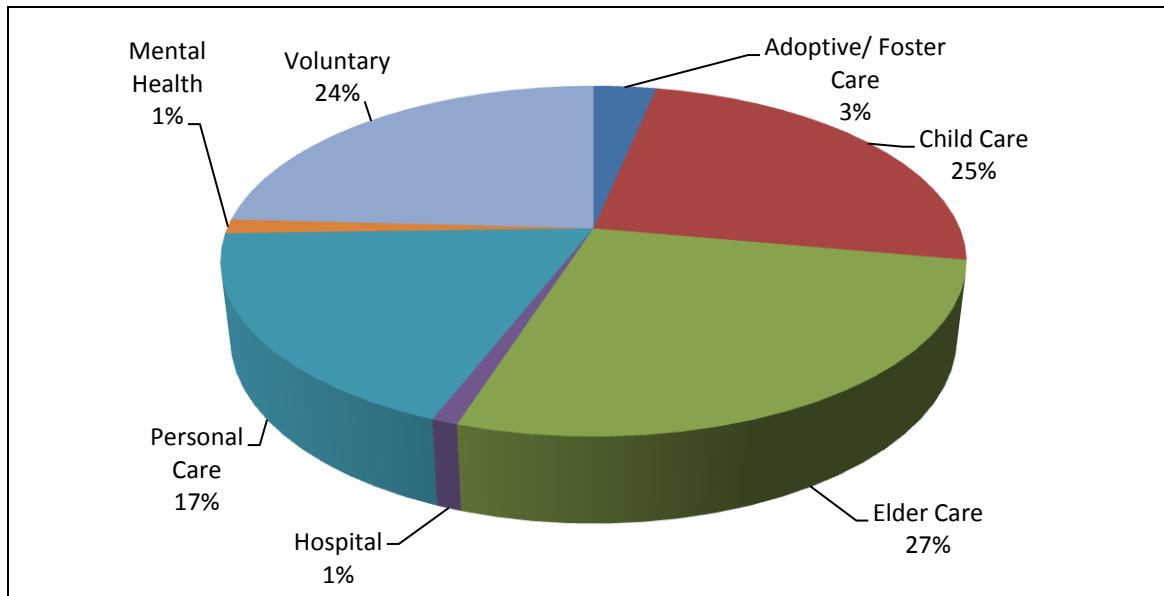


Registrations by Caregiver Occupation

FY 2016



FCSR Background Screening Requests by Caregiver Occupation
FY 2016

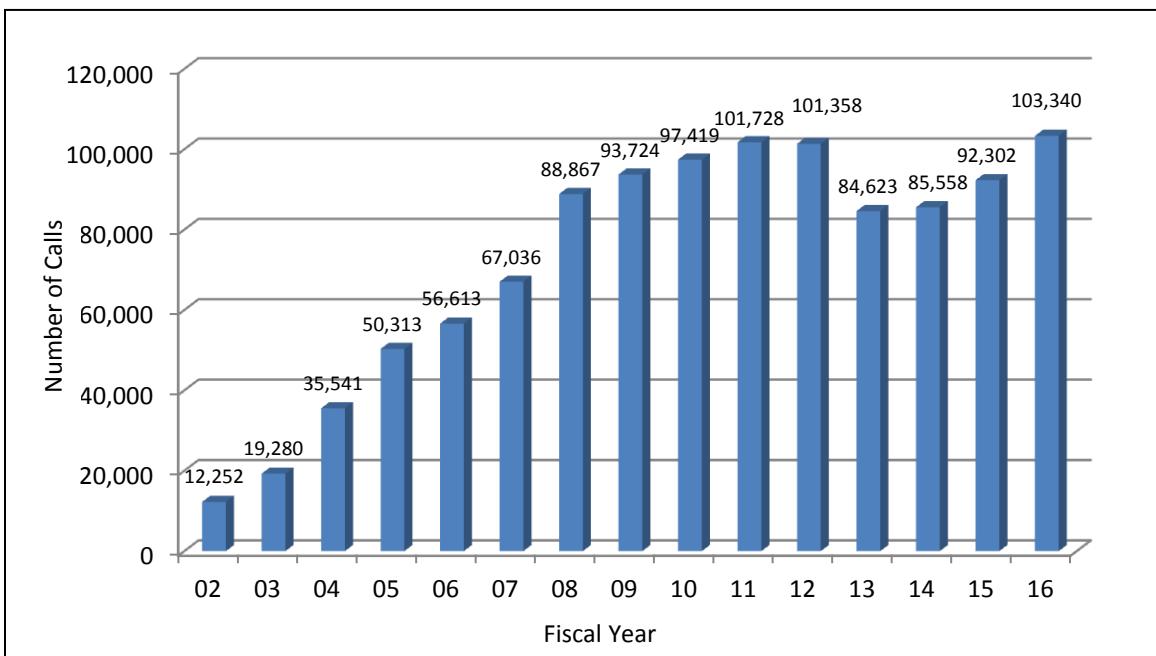


TOLL-FREE CALL CENTER

As authorized in §210.903, RSMo, the FCSR operates a toll-free call center (866-422-6872), so that employers and families may request and obtain background screening results over the telephone. The call center is staffed by 14 individuals (13 FTEs) who assist callers by providing background screening results, explaining the results and identifying other resources the caller may need. In addition to the background screening requests received by Internet, mail and facsimile, the FCSR received 103,340 calls on the toll-free access line in FY 2016. The chart below shows the number of calls to the toll-free access line since call center data became available in FY 2002.

Toll-Free Call Center Activity

FY 2002 – FY 2016

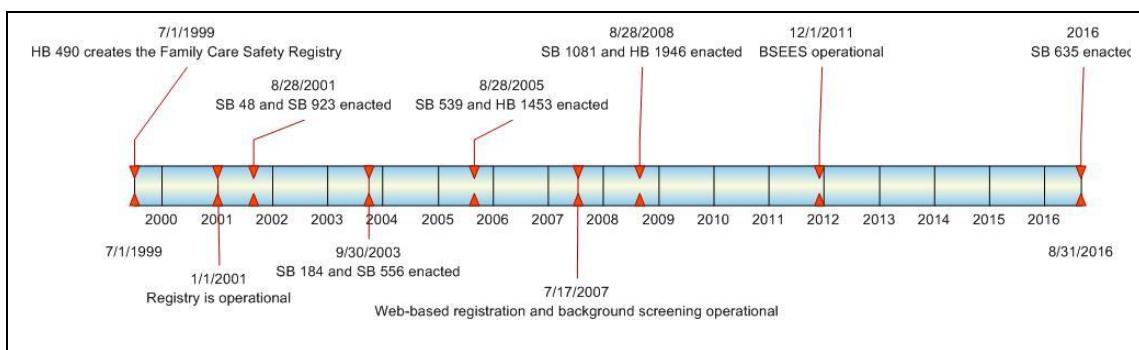


LEGISLATIVE AND OPERATIONAL ENHANCEMENTS

In FY 2008, development was completed on an Internet-based application designed to allow individuals to register online, paying with a debit or credit card. The Web Registration project was developed in collaboration with the Office of Administration—Information Technology Services Division (ITSD) and was implemented July 17, 2007. Since implementation, benefits of web registration have included improved customer service and response time, and a reduction in the need for additional FCSR staffing as the workload continues to increase. During the same year, the FCSR began receiving background screening requests via the Internet, with approximately eighty-seven percent of such requests currently received in this manner. Web-based background screening is available to providers (employers) who are eligible to utilize the FCSR. The benefits of receiving background screening requests via the web have been similar to those of receiving registrations online.

A major new technology project was implemented in 2011 and 2012, known as the FCSR-Background Screening and Employment Eligibility System (BSEES). BSEES has made it possible to modernize the registration and background screening functions by rolling several separate web-based and obsolete mainframe systems into one comprehensive, web-based background screening system that is used by the general public for registration purposes, by employers for background screening requests, and by FCSR staff for registration, background screening, Good Cause Waiver and appeal functions. In October 2010, the Division of Regulation and Licensure was awarded a grant through the U.S. Department of Health and Human Services—Centers for Medicare and Medicaid Services (CMS), which requires enhanced automation, greater speed, a more intensive background screening process, and a more robust linkage with the MSHP—Criminal Justice Information Services Division. The grant, entitled “Nationwide Program for National and State Background Checks for Direct Patient Access Employees of Long Term Care Facilities and Providers,” and partially used to fund the development of BSEES, ends September 30, 2016.

Changes in FCSR responsibilities have been made as a result of the passage of legislation. The timeline below illustrates the legislative and operational milestones affecting the FCSR since its inception.



CHALLENGES AND RECOMMENDATIONS

The FCSR continues to explore ways to improve and expand the services it provides, to better protect vulnerable children, seniors, and disabled individuals in care. At the same time, the DHSS and the FCSR collaborate with various state agencies and other stakeholders, seeking to maximize state resources and utilize modern technology, with the ultimate goal of minimizing the need for future new funding requests. The following challenge descriptions and statutory recommendations are based on input from Department staff members, employers, providers, other state agencies and CMS.

CHALLENGE: Background screening does not reflect complete criminal history.

The possibility exists for a person disqualified for employment in one state to move to another state and seek similar employment, without providers in the new state being aware of the disqualifying background history. Missouri is bordered by eight states, compounding this possibility. In fact, several of the bordering states, such as Oklahoma, Kentucky and Illinois, currently require a nationwide, fingerprint-based criminal history for long term care givers, and Kansas is in the process of exploring the possibility. Many employers, licensure agencies and individual citizens believe there is an elevated risk for harm to occur to vulnerable individuals in care, if the background screening does not reflect an individual's complete criminal history.

RECOMMENDATION

Amend section 192.2495, RSMo to require long term care employers regulated by or contracted with various state agencies, or who receive state or federal reimbursement for long term care services to ensure that direct-access employees, hired on or after the legislated effective date, to obtain a fingerprint-based state and federal criminal history background check, and are eligible for employment. Monitoring for compliance with the requirement would be incorporated into the inspection protocols currently in place in the DHSS, DSS and DMH.

CHALLENGE: There is a lack of uniformity in background screening requirements among various long term care providers covered by section 192.2495, RSMo, including a lack of uniformity in disqualifying findings for the various provider types.

Long term care facilities, such as nursing homes, may choose to use the Family Care Safety Registry for background screening, or they may choose to obtain a name-based criminal history screening directly from the Missouri State Highway Patrol and an Employee Disqualification List check from the Missouri Department of Health and Senior Services – Office of General Counsel. Similarly, disqualifying findings for employees of long term care facilities are limited to

certain crimes against persons listed in subsection 6 of section 192.2495, RSMo. Agencies that provide home health, in-home or consumer-directed services are required to use the Family Care Safety Registry, and any FCSR finding, regardless of severity or relevance to the job, will disqualify an individual from working in these home-based settings, per subsection 7 of the same statute.

RECOMMENDATIONS

Amend section 192.2495, RSMo, to require all covered long term care provider types to obtain background screenings through the Family Care Safety Registry, allowing all provider types to receive similar information, and eliminating confusion for those entities that operate multiple agency or facility types.

Amend section 192.2495 RSMo, to enumerate specific disqualifications for employees of all covered long term care provider types, and to eliminate the blanket disqualifications in subsection 7 for employees of home health or in-home services agencies.

Amend section 208.909, subsection 4, RSMo, to change the restriction on the payment of state or federal reimbursement for the services of a personal care attendant from any finding “on any of the background check lists in the family care safety registry,” to not having undergone the background screening process pursuant to section 192.2495 or having a disqualifying finding under section 192.2495.